



PLANNING DEPARTMENT
(760) 770-0340
Fax - (760) 202-1460
68-700 Avenida Lalo Guerrero
Cathedral City, CA 92234-7031

(Staff Use Only)

Case No.:

SP _____ - _____

SIGN PERMIT

CHECK TYPE OF SIGN

- | | |
|--|--|
| <input type="checkbox"/> Temporary Sign - \$40 | <input type="checkbox"/> Wall Sign - \$100 |
| <input type="checkbox"/> Change of Sign Face - \$40 | <input type="checkbox"/> Monument Sign - \$320 |
| <input type="checkbox"/> Wall Sign (w/ approved sign program) - \$60 | <input type="checkbox"/> Other _____ |

Proposed # of Signs: _____ Proposed Dimensions: _____ Valuation: _____

Method of Lighting: _____ Materials/Colors: _____

GENERAL INFORMATION:

Site Address: _____

Name of Business and/or Center: _____

Sign Contractor: _____ Phone Number: _____

Current Business License: ☐ Yes ☐ No

TEMPORARY SIGNS:

The period of display shall not exceed thirty (30) days in any calendar year quarter and no permit shall be issued for a period of less than thirty (30) days.

Period for temporary signs: ____/____/____ through ____/____/____

Quarter:

☐ January thru March ☐ April thru June ☐ July thru September ☐ October thru December

DETERMINATION OF APPLICATION (Staff Use Only)

ACTION TAKEN: ☐ APPROVED ☐ DENIED

If denied, provide reasons: _____

Conditions of Approval: _____

APPROVED BY: _____ DATE: _____

Date/Time Received:	Received By:	Amount Received:	Receipt No(s).:
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SUBMITTAL REQUIREMENTS:

- ☐ Application Fee (noted above)
- ☐ Site Plan (Required for 2 or more signs)
- ☐ Temporary or Wall Signs (**4 copies**)
 - Dimensioned diagram of building elevation, identifying width (linear feet) of tenant space and location of proposed sign
 - Diagram to include dimensions of sign cans, letters or logos (one copy in color).
 - Detail identifying method of attachment of sign to building elevation.
 - Signature of Property Owner or Authorized Agent on diagram.
- ☐ Monument Signs (**4 copies**)
 - Diagram providing dimensions of sign height, width, letters and logos (one copy in color).
 - Dimensioned diagram providing location, inclusive of distance from property lines, driveways and buildings.
 - Signature of Property Owner or Authorized Agent on diagram.

APPLICANT

Name: _____ Phone Number: _____

Company: _____ Fax Number: _____

Address: _____ City: _____ Zip Code: _____

Applicant Signature _____ Date: _____

PROPERTY OWNER

Name: _____ Phone Number: _____

Company: _____ Fax Number: _____

Address: _____ City: _____ Zip Code: _____

Property Owner/Agent Signature _____ Date: _____
